

DOCUMENT RESUME

ED 275 941

CG 019 473

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TITLE Relationship of Masculinity to Self-Esteem & Self-Acceptance in Male Professionals, College Students, Clients & Perpetrators of Domestic Violence.
PUB DATE [Apr 86]
NOTE 20p.; Paper presented at the Annual Convention of the American Association for Counseling and Development (Los Angeles, CA, April 20-23, 1986).
PUB TYPE Reports - Research/Technical (143) -- Speeches/Conference Papers (150)
EDRS PRICE MF01 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS Client Characteristics (Human Services); College Students; Family Violence; Higher Education; *Males; *Mental Health; *Predictor Variables; Professional Personnel; *Self Esteem
IDENTIFIERS *Masculinity

ABSTRACT

Previous studies which have suggested that masculinity is a strong predictor of mental health have been generally limited to college student populations, or have focused specifically on women. The present study investigated the relationship of masculinity to self-esteem and self-acceptance in male professionals (N=96), clients (N=55), and perpetrators of domestic violence (N=19), as well as college students (N=73). The Personal Orientation Inventory, Bem Sex Role Inventory, and Rotter Internal-External Locus of Control Scale were administered to subjects, along with a demographic data sheet. Correlations were used to investigate the relationship and relative predictive significance of masculinity, femininity, education, occupation, and locus of control to self-esteem and self-acceptance. Masculinity was found to be the best predictor of self-esteem in all groups except students, where no variable emerged as a significant predictor, and the best predictor of self-acceptance for clients. Femininity was irrelevant in all groups. (Author)

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Relationship of Masculinity to Self-Esteem & Self-
Acceptance in Male Professionals, College Students, Clients &
Perpetrators of Domestic Violence
(Running Head: Masculinity and Men's Self-Esteem)

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Author Notes

This research was funded in part by a grant from the University of New Mexico.

The author gratefully acknowledges the support and assistance of faculty and staff at Washington State University, Mississippi State University, Ohio State University and the University of New Mexico, as well as the staff of Mental Health Clinics and private agencies in five regions of the United States. Special appreciation is extended to Marge Atkinson, Jim Bishop, Shapour Borna, Carol Coley, Chuck Crowe, Newton Fink, Barbara Fries, Craig and Sue Kerchoff and Lew Randolph, for their assistance in data collection.

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Abstract

Previous studies which have suggested that masculinity is a strong predictor of mental health have been generally limited to college student populations, or have focused specifically on women. The present study investigated the relationship of masculinity to self-esteem and self-acceptance in male professionals ($n=96$), clients ($n=55$), and perpetrators of domestic violence ($n=19$) as well as college students ($n=73$). The Personal Orientation Inventory, Bem Sex Role Inventory and Rotter Internal-External Locus of Control Scale were administered to subjects, along with a demographic data sheet. Correlations were used to investigate the relationship and relative predictive significance of masculinity, femininity, education, occupation, and locus of control to self-esteem and self-acceptance. Masculinity was found to be the best predictor of self-esteem in all groups except students, where no variable emerged as a significant predictor, and the best predictor of self-acceptance for clients. Femininity was irrelevant in all groups.

Relationship of Masculinity to Self Esteem and Self-
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Perpetrators of Domestic Violence

(Running Head: Masculinity and Men's Self-Esteem)

The influence that gender-role conditioning can have on psychological adjustment and mental health has been a major focus of social psychological research over the past decade. The traditional expectation that the acquisition of appropriate sex-typed behaviors for males and females was a necessary learning for mental health, shifted dramatically with the introduction of psychological androgyny in the early 1970's. Initially the literature suggested that androgyny would be the predictor of mental health, while highly sex-typed individuals were likely to be less well adjusted. More recent research, however, has suggested that it is the masculine component of androgyny that is predictive of mental health, while the feminine component appears to be irrelevant. This research initially has focused primarily on measures of self-esteem with undergraduate college students however, placing substantial limitations on its generalizability, (Antill & Cunningham, 1980; Bassoff & Glass, 1979; Thomas & Reznikoff, 1984). More recently Long (1986) found masculinity to be the best predictor of both self-esteem and self-acceptance in women, using a broader population, including female professionals, clients and victims of domestic violence

as well as graduate students. The research, as yet, however, has not adequately investigated the relationship of masculinity/femininity to self-esteem and self-acceptance in males, leaving the question of whether a similar relationship exists for men unanswered.

Indeed, the socialization process is in many ways more stringent for males in our society than females. A "tomboy" girl is generally more accepted than a "sissy" boy, with studies showing boys to receive significantly more disapproval for cross-sex behavior than girls (Gayton, Sawyer, Baird & Ozman, 1982). Resulting difficulties that men experience, such as fear of appearing feminine (O'Neil, 1981), and experiencing restriction of emotional expression (Carlson, 1980; O'Neil, 1981), as well as issues of achievement, performance and competition (Heppner, 1981) might reasonably be expected to affect the interaction between masculinity/femininity and self-esteem/self-acceptance in males.

To date, however, results of studies which have included males in the investigation have had inconclusive results. The present study addressed the question of whether masculinity is a significant predictor of self-esteem and self-acceptance for males, using a broad population, including male professionals, graduate students, clients, and perpetrators of domestic violence.

Method

Subjects

Subjects for the study were 243 men between the ages of 19 and 65 from five regions of the United States: Southwestern ($n = 97$), Northwest ($n = 24$), Midwest ($n = 51$), Southeast ($n = 37$), and Northeast ($n = 34$). Subjects were volunteers representing four groups--professionals, college students, clients and victims of domestic violence. All were recruited volunteers from identified populations representing each group: Professionals were recruited from professional associations; students from university behavioral science classes; clients from mental health centers and private practices; and perpetrators of domestic violence from agencies working specifically with this group. Volunteers received a feedback form with individual scores and information on each measure assessed. The professional group included 96 men who had at least a 4-year college degree (41% had master's degrees, and 32% had doctoral degrees) and were currently employed in a profession with a professional association. The college student group was comprised of 73 students currently enrolled in graduate-level behavioral science courses at state universities. Of this group, 34 were identified as full-time students and the remaining 59 as employed, part-time students. The client group included 55 male outpatients seeking counseling from mental health agencies or therapists in private practice. Clients diagnosed

as having mental retardation, psychotic episodes, or organic brain disorders were screened from the sample. Of this group, 47% had a high school education or less, 22% had a 4-year college degree, and 31% had a master's or doctoral degree. Occupationally, a majority of the client group was also a professional (33%) or a student (31%). Perpetrators of domestic violence included 19 men who were either currently or within the past 6 months outpatients of an agency working therapeutically with abusive behaviors of perpetrators of domestic violence. A majority of the men in this group (90%) had a high school degree or less, with none indicating an educational level beyond a 4-year college degree. Most in this group indicated an employment level of unemployed or unskilled labor (32%), or skilled labor (46%).

Marital status was comparable across groups, with the largest proportion in all groups except students being married.¹ Age range was also similar across groups, with the exception that the average age of the students was slightly younger, and average age of the professionals slightly older than for the other groups.² All groups reflected a majority of from 88% to 94% caucasian men.

Instruments

The self-regard and self-acceptance sub-scales of the Personal Orientation Inventory (POI) were used to measure self-esteem and self-acceptance. Raw scores on the self-regard scale range from 0 to 16 and on the self-acceptance

scale range from 0 to 26. Test-retest reliability with a 1-week interval has been reported to be moderate ($r = .55$) to good ($r = .85$), and content validity is good (Shostrom, 1974).

Masculinity and femininity scores were obtained using the Bem Sex Role Inventory (BSRI). Both scores are based on a range of raw scores from 7 to 140, and test-retest reliability has been reported to be high for both masculinity and femininity ($r = .90$) after a 4-week interval (Bem, 1974).

The Rotter (1966) Internal-External (I-E) Locus of Control Scale was used to measure locus of control--an individual's perceived control over life experiences. Raw scores range from 0 to 23, with the lower score reflecting more internality. The scale has good internal validity and test-retest reliability ($r = .70$) with a 4-week interval.

Procedure

Replicating the procedure followed by Long (1986) in investigating the relationship of masculinity/femininity to self-esteem and self-acceptance in women, subjects in the study were asked to complete a demographic data sheet to obtain descriptive information on subjects' age, marital status, ethnicity, educational level and occupational level, as well as the three instruments. Educational level was identified as less than high school, high school diploma, some college, bachelor's degree, bachelor's plus, master's degree,

master's plus, and doctoral degree. Categories for occupational level included unemployed, unskilled, semiskilled, skilled and clerical, semiprofessional, and professional.

The dependent variables in the study were self-esteem and self-acceptance; masculinity, femininity, educational level, occupational level, and locus of control constituted the independent variables. A computation of Z scores was done for the dependent measures of self-esteem and self-acceptance based upon the total subject population to help remove the issue of norm bias; the statistical analyses discussed below were performed on each of the four groups--professionals, students, clients, and perpetrators of domestic violence--separately.

Results

The statistical analyses used by Long (1986) in the investigation of the relationship of masculinity to self-esteem and self-acceptance in female professionals, students, clients and victims of domestic violence were employed. A one-way analysis of variance using Tukey's test for post hoc analysis was used to determine differences between groups on all independent and dependent variables. The relative contribution of masculinity, femininity, education, occupation and locus of control to the prediction of self-esteem and self-acceptance in each group separately, was determined using stepwise multiple regression analyses.

Means of standard deviations for dependent and independent variables for each of the four groups are reported in Table 1. Results indicate a significant difference in educational level between all groups except students and clients, $F(3, 241) = 52.56, p .0001$, and in occupational level between perpetrators and all other groups, $F(3, 242) = 28.68, p .0001$. There was no significant difference in femininity scores between groups, nor in locus of control scores, and no significant difference in masculinity except between professionals and clients, $F(3, 242) = 3.24, p .05$.

A significant difference in self-regard was found between clients and both professionals and students, $F(3, 238) = 4.83, p .01$; and in self-acceptance only between clients and professionals, $F(3, 238) = 4.56, p .01$.

A summary of the composite regression analyses by group is presented in Table 2. Significant correlations were found between masculinity and self-esteem in all groups except students, and stepwise multiple regression analyses indicated masculinity was a better predictor of self-esteem than education, occupation, femininity, or locus of control: Professionals, $F(1, 94) = 24.3, p .0001$; clients, $F(1, 54) = 26.62, p .0001$; and perpetrators, $F(1, 18) = 4.45, p .05$.

Masculinity emerged as the best predictor of self-acceptance for clients, $F(1, 54) = 6.56, p .01$ followed by

locus of control, $F(2, 54) = 5.96, p .01$; and locus of control was the best predictor of self-acceptance for students, $F(1, 67) = 5.29, p .05$. No significant correlations were found between self-acceptance and independent variables for either the professional nor perpetrator groups.

Discussion

It would appear that masculinity is an important predictor of mental health, not only for women (Long, 1986), but for men as well. The fact that masculinity has emerged as the best predictor--particularly of self-esteem--for a wide range of populations makes it appear to be significant and consistent as a predictor of mental health.

Femininity, in contrast, appears to be relatively constant across groups for both women and men, and irrelevant to mental health. It was found to be insignificant as a predictor of either self-esteem or self-acceptance.

Self-acceptance in men appears to be influenced by factors not directly accounted for in this research. While both masculinity and locus of control appear to be important to self-acceptance in some groups, further study is warranted.

Also of interest is the relative stability found across groups not only in femininity--as was also found with women (Long, 1986)--but also in masculinity--which was

predictably, not found among women. This may well reflect the salience of sex-role conditioning for males--affecting both femininity and masculinity.

To summarize, the following major results emerge from this study: (a) masculinity, rather than femininity, education, occupation, or locus of control, was the best predictor of self-esteem for men (followed by locus of control); (b) although masculinity and locus of control were the best predictors of self-acceptance for clients and students, respectively, self-acceptance in men appears to be affected by other variables not included in this study; and (c) femininity, education and occupation were found to be generally unrelated to either self-esteem or self-acceptance in men.

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Footnotes

¹

In the professional, student, client and perpetrators groups, respectively, there were 14, 36, 21, and 1 single men; 67, 32, 26, and 15 married men; 13, 3, 4, and 1 divorced men; and 2, 2, 4, 2 separated men.

²

In the professional, student, client, and perpetrators groups, respectively, there were 0, 0, 1, and 0 men who were 19 years of age; 7, 42, 17 and 6 in their 20's; 46, 23, 26, and 7 in their 30's; 27, 3, 9, and 2 in their 40's; 13, 3, 2, and 2 in their 50's; and 3, 2, 0, and 2 age 60 or older.

Table 1

Means and Standard Deviations on Variables by Group

Variables	Professional (<u>n</u> = 96)		Student (<u>n</u> = 73)		Client (<u>n</u> = 55)		Perpetrator (<u>n</u> = 19)	
	M	SD	M	SD	M	SD	M	SD
Independent								
Masculinity	106.68	13.08	105.22	12.51	99.84	14.99	103.32	11.64
Femininity	98.58	10.10	96.52	11.32	96.02	11.63	97.79	12.29
Education	6.52	1.45	4.38	1.68	4.36	1.86	2.42	.84
Occupation	7.67	.98	7.32	2.24	6.85	2.55	3.21	2.37
Locus of Control	6.61	4.11	8.5	4.42	8.11	3.61	7.05	4.17
Dependent								
Self-esteem <u>Z</u> scores ^a	.19	.82	.13	.92	-.36	1.14	-.33	1.35
Self-acceptance <u>Z</u> scores ^a	.21	.86	.06	.96	-.30	1.14	-.44	1.08

^aThe Z scores were computed on the basis of total combined groups (n = 243).

Table 2

Summary Table of Composite Regression Analyses by Group

Self-esteem				Self-acceptance			
Significant successive predictor variable	<u>r</u>	<u>R</u>	<u>R</u> ²	Significant successive predictor variable	<u>r</u>	<u>R</u>	<u>R</u> ²
Professionals (<u>n</u> = 96)				Professionals (<u>n</u> = 96)			
Masculinity	.46****	.46	.21	<u>n.s.</u>			
Locus of Control	-.31***	.50	.25				
Students (<u>n</u> = 73)				Students (<u>n</u> = 73)			
<u>n.s.</u>				Locus of Control	-.27 *	-.27	.07
Clients (<u>n</u> = 55)				Clients (<u>n</u> = 55)			
Masculinity	.58****	.58	.33	Masculinity	.33*	.33	.11
Locus of Control	-.31**	.62	.38	Locus of Control	-.33*	-.44	.19
Perpetrators (<u>n</u> = 19)				Perpetrators (<u>n</u> = 19)			
Masculinity	.46*	.46	.21	<u>n.s.</u>			

* $p < .05$. *** $p < .01$. **** $p < .001$. ***** $p < .0001$.